Please type a plus sign (+) inside this box	$\rightarrow$	+

PTO/SB/01 (10-00)

Approved for use through 10/31/2002. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

## EN11348 Attorney Docket Number **DECLARATION FOR UTILITY OR** RAMSDEN **First Named Inventor DESIGN COMPLETE IF KNOWN** PATENT APPLICATION (37 CFR 1.63) **Application Number** Filing Date ☑ Declaration ☐ Declaration OR Submitted after Initial Submitted Group Art Unit Filing (surcharge with Initial (37 ČFR 1.16 (e)) Filing **Examiner Name** required)

				* · · ·			
As a below named inventor, I hereby declare that:							
My residence, mailing address, and citizenship are as stated below next to my name.							
I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:							
FREQUENCY T	HRESHOLD A	UDIO DETECTO	۲				
the specification of which	(7	itle of the Invention)					
is attached hereto					,		
OR		as United S	States Application N	lumber or PCT In	ternational		
was filed on (MM/DD/YYYY)				(if a	applicable).		
Application Number	and was a	mended on (MM/DD/YY	YY)	,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
I hereby state that I have reviewed amended by any amendment spe	I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.						
I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.							
I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or any PCT international application having a filing date before that of the application on which priority is claimed.							
Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	T	Certified Copy YES			
					0000		
☐ Additional foreign application	numbers are listed on a	supplemental priority d	lata sheet PTO/SB	/02B attached he	reto:		
I hereby claim the benefit under	· 35 U.S.C. 119(e) of ar	y United States provision	onal application(s)	listed below.			
Application Number(s)	Filing Dat	te (MM/DD/YYYY)	numbers supplem	al provisional app are listed on a ental priority data /02B attached her	sheet		

[Page 1 of 2]

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Mandill titastelle

Please type a plus sign (+) inside this box 

+ Approved for use through 10/31/2002. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

## **DECLARATION** — Utility or Design Patent Application

Direct all correspondence to:	ustomer Num Bar Code La	I			OR X	Correspondence address below
Name Philip H. Burrus, IV						
Address Intellectual Property Dep	artment					
Address 8000 West Sunrise Boule	evard - Roo	om 1610		ľ		
City Fort Lauderdale				State FI	orida	<b>ZIP</b> 33322
Country United States	Т	Telephone	(770)	338-32	27	Fax (847) 761-1288
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.						
NAME OF SOLE OR FIRST INVE	ENTOR:			A petition	on has been fil	ed for this unsigned inventor
Given Name (first and middle [if any])  Given Name Family Name CAMSDEN or Surname						
Inventor's Signature 12/12/01 Date						
Residence: City LAWRENCE VI	H-E		State G	<b>A</b>	USA Country	United Kinedom Citizenship
Mailing Address 2018 SINCLAIR COURT						
Mailing Address						
City LAWRENCEVILLE	State Gi	EOR61	A	ZIP 3	00044	Country
NAME OF SECOND INVENTOR:				A petiti	on has been f	led for this unsigned inventor
Given Name (first and middle [if any])				Family i		
Inventor's Signature						Date
Residence: City			State		Country	Citizenship
Mailing Address						
Mailing Address						
	State			ZIP		Country
City  Additional inventors are being named	State on the	_suppleme	ntal Additi		itor(s) sheet(s) P	TO/SB/02A attached hereto.

Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

## POWER OF ATTORNEY OR AUTHORIZATION OF AGENT, NOT ACCOMPANYING APPLICATION

Application Number		
Filing Date		
First Named Inventor	RAMSDEN	
Group Art Unit		
Examiner Name		
Attorney Docket Number	EN 11348	

I hereby app	oint:				
OR	ers at Customer Numboner(s) named below:	er		Place Customer  Number Bar Code  Label here	
I Tactitor	Name		Regis	stration Number	1
DI	nilip H. Burrus, IV		45, 432		l
	ott Kevin Pickens		34, 696		l
30	Oll Reviil Fickers				ł
					ľ
as my/our at business in	torney(s) or agent(s) to the Patent and Tradem	prosecute the appl ark Office connected	ication identified d therewith.	d above, and to transact all	Í
	ge the correspondence		ove-identified a	pplication to:	
Individual	Name				
Address					
Address					
City			State	ZIP	
Country			Fax		
Telephone			rax		
	olicant.				
☐ Ass Ce	signee of record of the rtificate under 37 CFR	entire interest 3.73(b) is enclosed			
	SIGNATUR	E of Applicant or Ass	signee of Recor	d	
Name	MARTIN	RAMSPON .			
Signature	nul	flut.			
Date	12/10/01				
Durdon Universitation	The fermion antimoted to to	aka 0.2 hours to complete	Time will vary depend	ing upon the needs of the individual ca	ase. A

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.